

PRACTICING WHAT WE PREACH: A LOOK AT HEALTHY ACTIVE LIVING POLICY AND PRACTICE IN CANADIAN PEDIATRIC HOSPITALS

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Background:

CAPHC and the Canadian Pediatric Society (CPS) place significant priority on active healthy lifestyles for children in all environments. Pediatric hospitals might not lead by example since unhealthy food choices are available to patients, families, & healthcare providers, physical activity can be overshadowed by sedentary choices, & smoking cessation programs may be insufficient. Objectives: To obtain an overview of healthy active living (HAL) policy & practice in Canadian Pediatric Hospitals. Methods: A nation-wide survey was conducted to identify healthy eating, physical activity & smoking cessation practices in all 16 Canadian Pediatric Academic Hospitals (CPAH). Local CPS HAL champions & CAPHC leaders collected & submitted data to the lead author for collation. No formal hypothesis testing was performed since data was intended to be exploratory. Results: Only 25% CPAH have healthy eating policies for inpatient meals; all are designed by dietitians; 93.8% follow Canada's Food Guide. All CPAH offer side vegetables & fruits; 75% have low fat options but 62.5% offer replacement 'kids meals' (hot dog, hamburger, fries). Few (5/16) CPAH have healthy eating policies for cafeteria food; 13/16 use cafeterias to promote HAL. All offer cookies and yogurt; 94% serve fries, gravy, muffins & ice cream. Most allow consumers to substitute healthy items for unhealthy ones. Child-size meal portions are available in only 6 (37.5%) centers. While most allow fast food sales, merely 2/16 CPAH have fast food sales policies. 80% of CPAH have vending machine contracts; 90-100% of machines carry pop, chips, chocolate, but only 56% & 13% carry fruit & skim milk respectively. 14/16 CPAH have non-smoking policies; 50% include designated outdoor smoking areas. 69% of centers offer staff discounts at local health clubs; just 1 has a physical activity policy. Only 50% of CPAH have wellness committees; most were established 3 years ago. Play areas are available for in/outpatients, but sedentary recreation such as video games is available more than active recreation such as air hockey or athletic equipment.

Conclusion:

Canadian pediatric hospitals do not adequately promote HAL for patients & staff. Our survey is the first of 3 steps to create necessary healthy lifestyle modifications in these institutions through CAPHC-CPS-led policy development & implementation.

Implications for Policy:

Our survey is the first of 3 steps to create necessary healthy lifestyle modifications in Canadian Pediatric Hospitals through CAPHC-CPS-led policy development & implementation.